Family Violence, and a guide to including infant awareness in our practice during the COVID-19 Pandemic

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Even before the COVID-19 pandemic some parents and even some workers found it difficult to see the infant, despite them being right there in the room with them. Our propensity to not see infants as people within their own right is based often on an idea that they are too young to know, feel or be impacted by the things that happen around them; or directly to them. Years of direct service delivery with infants, young children and young people have proven that this is simply not the case, and in recent years the science shedding light on understanding early brain development and the competencies infants possess from birth have cemented this.

Less understood is how our own anxiety, fear and perhaps lack of confidence to see and think about the infant or young child impairs our vision. Now that we are confronted with the dilemma of not physically being able to fully see the infant and their caregiver, even if we have telephone or virtual online access, we can still assume that this prevents us from seeing the infant. If we did not really see or think about the infant when they were in the room with us, how is it different now that we so far removed from them and their caregivers physically?

Perhaps it is not physically seeing the infant which is the problem. How do we become infant aware in the very way we work and think, and particularly so with those who are greatest risk possible risk? This guide is intended to help you become more infant aware when working to address family violence.

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Working by phone/online with families where there are family violence risks?

Imagine sitting in a room with a client and their infant but not being able to visually see them. What senses would become sharpened in creating a picture in your mind about what might be happening in their lives by relying on listening to the tone of their voice, the description of their interactions and the topics that come up for discussion. What noises might you hear the infant making, how often might the carer and infant engage in reciprocal conversations, how well does the carer track their infants vocalisations and what interpretations do they make about what the infant is conveying to them.

Infant work requires listening with all our senses and not over-relying on one over another. Infant work calls for us to engage with the world in much the same way an infant does, with all our embodied senses, but to then utilise our capacities to use our higher order functioning to reflect on what they might be telling us. Infants learn through repetition and familiarity with and discovery through relational patterns. As practitioners, we do the same. We make judgements, explore meanings and turn things over in our minds as we endeavour to understand and engage with the individuals we work with. We come to know their world, not just through what we are told or by what we see but by making patterns in our minds to make sense of what is being conveyed to us, and how what we give back in return is received and responded to.

Hearing with our minds, reflecting on what is said, how it is said and not said and asking reflective questions is a great start. So too is not always feeling tempted to fill in silences. Allowing space for the infant parent engagement to be heard and thought about is also tremendously helpful.

Non-visual contact – listening with our minds

When working with families where there is a known history of family violence, we might be bolder in our questioning. You might ask direct questions or express your worry that that the lockdown has placed pressures on the family unit which has heightened risks of safety for all family members. Where it appears safe to ask direct questions, do so. Asking permission to be direct and how this question is answered will give you important information from the beginning. So too does inviting the infant into the mind-space from the outset. It can be helpful, as well

as respectful of the infant to directly bring them into the telephone conversations, posing questions and making comments about, and to the infant. For example, this might involve something like:

Q. As I cannot see little (e.g. Jimmy or Tessa) tell me what you noticed in her/his face just then when we were discussing how hard you are finding the lock down period?

Q. What would you say have been the toughest parts for Tessa about being in lockdown? Can you recall a time when you were young which was tough to get through? How were you helped to get through this?

Q. If I could get Tessa on the phone and ask her, "How has mummy been in the last few days?" what would she tell me?

Q. What might Jimmy tell me are the times when he has felt frightened? What things have happened that he has felt frightened about?

Q. What things has Tessa taught you about what makes her feel secure and safe? Are these similar or different to what makes you as her carer feel secure and safe?

Q. What are you noticing about Tessa that is different than before the lockdown? What are you noticing about her and about your relationship together the longer this lockdown goes on?

Q. If the lockdown were to end tomorrow what plans would you make for yourself and Jimmy?

Q. If you and Tessa could be anywhere in the world right now where would you be? Why would you choose that place?

Q. I wonder what are the things that are keeping you going right now, and which are important for your wellbeing in being able to keep you going? How I might in some way be able to help support you and Jimmy in keeping this going? How might I support you to keep you both safe?

Q. Are there some helpful things that Tessa has taught you about your ability to parent her in these stressful times?

You may hear the infant babbling away, crying, or contributing little to the conversation even though they are present with the parent during the

conversation. This might invite asking the caregiver what they think the baby is trying to tell us, or what they are making of this change in circumstances. The inability to even imagine that their infant may be experiencing anxiety, distress or confusion, gives insight into this carer's limitation in, or fear of imagining their infant's perspective. Should the infant never be awake when you call or meet online, you can wonder with the caregiver/s how you could flexibly schedule a time to recontact when the infant is awake so they can be actively included in the session.

Having such conversations requires you, as the worker, bringing an honest and congruent belief to this work that the infant matters, their active involvement is important, their perspective is invaluable and contributes real benefit to the family's functioning and your work. Should the infant be physically present in the space or asleep in another room, we can always keep them present in our minds. Together we can imagine and even speculate on what just might be the experience of the infant:

> **C.** When you just mentioned that Tessa seemed to know that something had changed in the last month or so in how you where coping, I wondered if Tessa has been keeping a careful eye on you and her Dad and whether she's letting you know that something feels different for her as well?
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> **C.** As you were talking, I had this imagine in my mind that Jimmy was almost holding his breath, and of him not being sure of what to do now that the world around him has changed so much.
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> **C.** If I were in the room with Jimmy right now, I wonder if he would show and tell us some things about his world and how he feels that is different to what you are telling me?
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> **C.** I wonder what will be the things you look back on with pride or perhaps relief, about your ability to care for Tessa and your relationship and to keep each other safe after this period of lockdown is finally over?

Of course, what is discussed will be limited by who else is in the room at the time of these conversations. Should there be another person present who is or has the potential for violence you might expect the answers to the questions to be stilted, overly enthusiastic or simplistic. If you have an existing relationship with the family, you are likely to pick up an emotional sense of the change of tone in their voice and responses. If they struggle to describe Jimmy's face or

movements this might fit with your existing knowledge of this family or conversely, feel inconsistent with your past contact with this caregiver.

Imperative to understand, as a counsellor, therapist or family support worker is that you are not 'all knowing'. You are doing your best in extraordinary times and the best you offer is you, your support, your ability to reflect with your clients and to bring the experience of their infant or young child alive in their minds. This is assisted by continuously threading the infant or young child's perspective back into the conversation. By bringing the infant's possible viewpoint alive, opportunities open-up to think about what alternative experiences the infant may be feeling to that of what the adult may be experiencing. Imaging the perspective of the other can bring something new to think about and maybe the freedom to acknowledge that there is a different perspective at play; it may also be possible to carefully broach the subject of safety, their child's, and theirs and to explore how to best keep safe in the 'now' of this lockdown?

Keeping in touch with families at risk, by phone, texts, letters, cards, food, or goods parcels, or online offers a lifeline that is enormously important. Inevitably, in situations where family violence is suspected, keeping in constant touch may feel like you are placing the family under surveillance. Whilst this may feel counter to your practice principles and role, where you do carry very real concerns about the safety of the infant; your contact may just be offering a stabilising and regulating presence to a family unable to do this for themselves. Knowing that another person keeps you in mind goes to the core of what creating good infant mental health is all about.

Working on-line – still requires listening with our minds.

Our expectation is that by seeing the infant and their family we can be more certain that they are safe may be a fallacy. Whilst seeing interactions and the physical presentation of clients is certainly much more helpful, family dynamics that are ruled by violence often operate under a veil of well-developed secrecy, and perhaps, no more so than at this time in our history. Our job is not to make infants and families more unsafe but how to make things as safe as they possibly can be in the current circumstances. This includes promoting opportunities which preferably grow, or at the very least, offer compensatory relational

experiences for families struggling in lock down. This by acknowledging that for some families, surviving in a relational lock down within the very walls of their own home carries more potential danger than the outside threat of catching the life-threatening coronavirus. All escape routes have been blocked.

We as practitioners need to tread carefully and respect the self-protective mechanisms which already operate in those who have considerable experience in navigating living with those who have regularly subjected them to potential or actual violence. Unfortunately, many of the parents, young people, children and even infants we have worked with in pre-pandemic times have learnt very quickly what strategies they need to utilise in order to minimise attention to themselves and what best assists placating those in their family who use violence. This is a time when the use of these strategies is likely to be in overdrive. We know that for infants and children using these protective mechanisms in the short term are highly effective, but over long periods of time they serve the purpose of closing, rather than opening healthy developmental trajectories and are enormously damaging.

When to act

If there is a clear course of action which can be taken to ensure that infants, children, and carers who are unsafe can be safely removed to a protected place then this action should be taken. What is not currently clear is just how child protection and police services are responding to reports of family violence. Our professional responsibility, should we alerted to acts or threats of violence is to ensure we have done our homework and have contacted the relevant services to coordinate a response that will provide a safe service response.

As each day unfolds 'our new normal' is shifting and we can only do our best to thoughtfully and safely respond to risk. Accessing phone or on-line reflective supervision, managing up cases where increasing risks are being flagged and working collaboratively with other services is more important now than it has ever been. As a professional service sector, we are all in this together, and we are all learning ways of working which we have previously seldom ever confronted.

Taking on new clients during the COVID-19 pandemic and where the risks are unknown

Engagement need not occur in person. To establish ourselves as trustworthy people we need to offer transparency, honesty, reliability and gentle responsiveness. Getting to know new clients, via phone or online is helped by recognising that being face to face is preferred but that they still have the right to check us out and assess whether we feel, to them, like a professional who may be able to assist them. Common to all intake or assessment processes is finding out who is in the family. Being infant and or child aware is not simply collecting names and ages. This involves bringing the infant or young child's perspective actively into the therapeutic or family support space. Just as you form a picture in your mind of the adult whom you are talking to, so too can you form a picture in your mind of the infant or young child in the family. How a parent describes the infant, the level of detail, the liveliness in their voice, the anxiety or fear for their wellbeing all enables you to begin to see this little person in your own mind. Some questions which can assist this may include, for example:

Q. Describe your baby to me? If your infant could use words, how would they describe themselves and how would they describe you, their other parent, siblings? How would they describe been a part of this family?

Q. What sort of things help settle your baby when they are upset? How has this new little member of the family changed the family?

Q. Is there anyone in your family who may not be feeling safe during this time? If your baby were feeling unsafe how would you know?

Q. What would your baby tell me about what it is like to be in your family right at this moment in time?

Q. Putting yourself into your baby's booties, how would your baby describe her or his parents, siblings?

Q. Even if you have little memory of this, based on what you do know about your childhood, and about your parents; how would you describe your infancy and early years?

Q. Are there any similarities between what your baby is experiencing in your family with what do went through growing up? Are there any differences?

Q. In years from now, when the world is hopefully feeling like a much safer place, how do you think your children will describe this time? How would you describe in years from now what your infants and children and you went through to survive the pandemic?

These may seem like weird questions to some parents you are meeting for the first time by phone or online. Seldom do professionals other than maternal child health nurses or infant mental health workers spend so much time talking about the infant. This is expected of such professionals and does not seem out of the norm. Being infant aware, respecting the importance of the infant in being included, thought about, spoken to and spoken about is about normalising for all parents and all workers the contribution infants make to enhancing the overall wellbeing of their family and the inherent right of the infant to have the best start in life as possible.

What is most important during this time (and beyond)

- Be infant aware – ask about them, talk to them if you can, grow an awareness in the mind of the parent/carer of what this little person may be experiencing and their already existing potential and capabilities, the imperative of keeping them safe, and the hopefulness of what might be possible for their future.
- Keep in regular touch with families and constantly assess the safety and wellbeing of the infant, young child and caregiver/s. Be creative in how you do this and make it known you are there for them if needed.
- Follow up if appointments are cancelled or avoided, by phone, text, email letters, drop-offs, etc. Let this family know that you are keeping the infant and the whole family in mind.
- Work with, support or be supported by universal service providers such as Maternal Child Health Nurses and General Practitioners. These professionals may have greater access than most to families with infants and incredibly young children and are generally given more access to babies through expected, regular check-ups with infants and young children.

- If it is safe to do so ask direct questions about what is and is not keeping their infant and themselves feeling safe during this lockdown.
- If you feel uneasy about the way information is being presented to you, if you hear or notice unusual noises or see the carer look uneasy online or inhibited to talk take this to discuss in reflective supervision, talk about it with your colleagues, your manager and brain storm ways of approaching your contact with the family differently.
- If you are given clear information about potential, escalating or current violence, or threats of, immediately consult with your manager, child protection (https://services.dhhs.vic.gov.au/child-protection-contacts) and other services such as Safe Steps (https://www.safesteps.org.au/ or 1800 015 188) The Orange Door (https://orangedoor.vic.gov.au/) in your local area, or other relevant local agencies.

There are unprecedent times and we may not know until well after the world returns to some semblance of normality what might be heart-warming, heart rendering or simply horrific stories of what has happened to infants and young children behind closed doors. We can only do our best in learning new and creative ways to engage with families where there is or are risks of violence. Thinking is absolutes at this time may not be helpful. Practice self-care, take considered risks, and be reflective over reactive in keeping the infant and young child at the forefront of our minds.